

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>[Signature]</i>
O.I.P.E. CLASSIFIER		<i>19</i>	<i>[Signature]</i>
FORMALITY REVIEW	<i>TN</i>	<i>SCSTU</i>	<i>12-18-02</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>1040</i>	<i>1-16-03</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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